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maintenance fee notificat		ictwise in Diock 1, by (a) specifying a new conte	spondence address,	and or (b) mateating	g a separate	THE ADDRESS TO
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New York, NY 10008-0770				(Depositor's name)			
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							(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R	ATTORNEY DOCKET NO.		ONFIRMATION NO.
10/540,376	0/540,376 01/17/2006		Dirk Nuber	20941/0211439-US0		JS0	2736
TITLE OF INVENTION: FLUIDIZED BED METHOD AND PLANT FOR THE HEAT TREATMENT OF SOLIDS CONTAINING TITANIUM							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE	(S) DUE	DATE DUE
лопргоvisional	ИО	\$1510	\$300	\$0	\$181	0	12/28/2009
EXAM	INER	ART UNIT	CLASS-SUBCLASS				.Z. 84 Ber
SHEVIN, MARK L		1793	075-444000				નકરોડોએક પ
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up or agents OR, alternation (2) the name of a single registered attorney or 2 registered patent attlisted, no name will be	of a single firm (having as a member a corney or agent) and the names of up to patent attorneys or agents. If no name is ne will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) Ree1/Frame: 021463/0919 PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
OUTOTEC (DYJ		ESPOO, F	INLAND			
Please check the appropriate assignee category or categories (will not be printed on the patent): 🚨 Individual 🚨 Corporation or other private group entity 🚨 Government							
Advance Order -	To small entity discount	permitted)	D. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 04-0100 (enclose an extra copy of this form).				
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Ratent and Trademark Office.							
Authorized Signature	ER.	Liam		Date	December	- 200	<u> </u>
	Erik R. S				To. 40,833		
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